

CHEST :

(((BRONCHIAL ASTHMA)))

TTT bronchial asthma after acute attack (OCT 2011)

(A) discuss all asthma controllers accord to step wise therapy

1- step 1 : character / controller (preferable drug / alternative drug)

2- step 2 : character / controller (preferable drug / alternative drug)

3- step 3 : character / controller (preferable drug / alternative drug)

4 step 4 : character / controller (preferable drug / alternative drug)

(B) GENERAL MEASURES

(avoid PPFs / psychotherapy / ttt chest inf / immunotherapy)

Outline ttt of status asthmaticus (OCT 2011)

Management of status asthmaticus (OCT 2012)(Kasr 2004)

Outline TTT of Bronchial asthma (OCT 2012)(Kasr 2012)

Mention the manifestation of sever asthma and how to ttt (Kasr 2011)

Describe drug therapy (with doses and side effects) of Bronchial asthma (KASR 2009)

Discuss ttt of an attack of bronchial asthma (Kasr 2006)

(A) discuss all quick asthma relievers

(give one drug if no response add another one)

(SABA ==> IV steroids ==> inhaled anticholinergics ==> IV short acting xanthenes)

(B) in sever cases (status asthmaticus) ==>

- * hospitalization

- * oxygen : mechanical vent

- * correct acidosis & e imbalances

- * if no response to previous drugs ==>IV SABA / IV MGSO4 / IV short acting xanthenes

Difference between bronchial and cardiac asthma (Kasr 2004)

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(((TB)))

CL/P of pulmonary TB (OCT 2012)

TTT of pulmonary TB (with doses and side effects) (OCT 2012)(Kasr 2011-06-04)

Investigations for Pulmonary TB and what are the expected findings (Kasr 2012)

Describe drug therapy (with doses and side effects) of Tuberculus pericardial effusion (Kasr 2009)

Radiological features of pulmonary TB (Kasr 2005)

Diagnosis and TTT of pylmonary TB cavity (Kasr 2003)

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(((PLEURA)))

Causes of unilateral hemorrhagic pleural effusion (OCT 2011)

1- trauma :

- *iatrogenic : tapping of effusion

- * accidental : fracture rib

2- TB

3- tumor

- * benign : mesothelioma

- * malignant 1ary & 2ary

4- pulmonary infarction

5- rupture of aortic aneurysm in pleura

5 causes of pleural effusion (Kasr 2008-06)
CL/P of pleural effusion (OCT 2012)
Enumerate causes of pneumothorax (KASR 2009)
Types of pneumothorax (kasr 2008)
Types of pleural effusion (kasr 2008)
Causes of pleural effusion and describe (symptoms-signs-Investigations) of one of them (Kasr 2007)

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(((MEDIASTINUM)))

6 causes of posterior mediastinal syndrome (OCT 2011)
Anatomy of mediastinum (Kasr 2005-03)
CL/P of mediastinal syndrome (Kasr 2005)
Diagnosis of mediastinal syndrome (Kasr 2003)

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(((PNEUMONIA)))

CL/P of pneumococcal pneumonia (OCT 2011)
5 complication of pneumococcal pneumonia and how to ttt (Kasr 2011)
Outline TTT of lobar pneumonia
Enumerate 2 organisms causing CAP (Kasr 2009)
Enumerate causes of pneumonia (KASR 2009)
TTT of pneumococcal pneumonia (Kasr 2005)
Differentiate between lobar and bronchopneumonia (Kasr 2005)

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(((SYMPTOMATOLOGY)))

5 causes of clubbing due to chest disease (Kasr 2008)
Chest causes of central cyanosis (Kasr 2006)
5 causes of central cyanosis (Kasr 2008)
Give reason: cyanosis in COPD (Kasr 2006)
Investigation for haemoptysis (OCT 2011)
10 causes for haemoptysis (OCT 2012)(KASR 2009-08-05)
Causes of haemoptysis in bedridden patient (Kasr 2005)

1- pulmonary embolism and DVT slow stagnant circulation
==> thrombosis ==> dvt ==> pulm embolism
2- pulmonary infection esp pneumonia
3- pulmonary congestion pt can.t turn themselves
==> accumulation of secretions ==> pulm congestion

6 causes for acute dyspnea (OCT 2012)
5 Causes of productive cough (Kasr 2010)
Types of cough (kasr 2008)

1- acute or chronic
* acute : < 3 w eg pneumonia / pulm embolism
* chronic : > 3 w eg : COPD / lung abscess

2- dry or productive

- * dry : ILD/ BA /pleural /GORD / ACEI / psychogenic
- * productive : tracheo bronchial alveolar causes only

3- wheezy or not

* wheezy :

a) localized : br. Carcinoma

b) generalized : bronchitis/bronchiectasis/ BA /COPD

*non wheezy : rest

4- has periodicity or not

*periodic :

a) early morning : bronchitis/bronchiectasis/ BA

b) nocturnal : cardiac asthma

* non periodic : rest

5- central or reflex or neurological

* central : brain tumors

* reflex .. : pneumonia /

* neurological : neurotic female

Types of sputum (kasr 2008)

1- SEROUS

* character : watery frothy pinkish

* cause : APE / alveolar cell ca

2- MUCOID

* character : watery viscid grey

* cause : COPD / chronic bronchitis / BA (mucous bellets)

3- PURULENT

* character : yellow (a live neutrophils / eosinophils) or green (dead neutrophils)

* cause : pneumonia (acute) / SLS (chronic)

4- MUCOPURULENT

* character : mucoid + purulent

* cause : TB (nummular)

5- RUSTY

* character : reddish brown

* cause : pneumonia (red hepatization)

6- RED CURRENT JELLY

* character : bloody + cell debris + necrotic tissue

* cause : bronchogenic ca

7- ANCHOVY SAUCE

* character : chocolate

* cause : amebic lung abcess

Causes of coughing large amount of yellow sputum (Kasr 2005)

What are the values of laboratory examination of sputum (Kasr 2004)

1- STAINING

a) gram stain : bact (gram +ve) / alveolar macrophages / inf cells

b) Z.N staining : tb

c) giemsa stain : malaria

d) immunofluorescent : fungi / P. carinii

e) cytological stain (papanicolaou method) : malignant cells

2- C/S

a) fungi

b) tb (BACTEC / L.J media)

c) virus

3- ANIMAL INOCULATION

a) tb (guinea pig)

4- PCR

a) tb

Investigation for purulent cough for 3 months (OCT 2012)

(A) causes of purulent cough for 3 months (chronic purulent cough)

=> suppurative lung syndrome

(B) INVESTIGATIONS

1- CXR

- a) abscess : cavity with fluid level
- b) bronchiectasis : honey comb
- c) cystic fibrosis : soap bubble appearance / multiple air fluid levels

2- C.T ==> diagnostic

3- C/S (sputum analysis) ==> C.O

4- CBC : leucocytosis with shift to the lt

5- BRONCHOSCOPY : in some cases

6- Na in sweat : high in cystic fibrosis

7 – pancreatic fun test : impaired in cystic fibrosis

5 Investigations for acute chest pain (Kasr 2012)

1- CVS

- a) ECG / ECO : angina / MVP
- b) cardiac Es. : AMI

2- CHEST

- a) CXR: pneumothorax
- b) pul angio : pul embolism

3- GIT

- a) endoscopy.....: peptic ulcer
- b) 24 h intraluminal PH...: GERD
- c) abd US: cholecystitis

5 pulmonary manifestations of systemic disorders (Kasr 2007)

Types of crepitations (kasr 2008)

clinical approach of acute chest pain

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(((PULMONARY EMBOLISM)))

Management of pulmonary infarction (OCT 2012)

Investigation for Pulmonary embolism (OCT 2012)

5 investigation and TTT of Pulmonary embolism (Kasr 2011)

Explain why prolonged bed rest predisposes to pulmonary embolism (Kasr 2010)

Causes of pulmonary embolism and its CL/P (Kasr 2005)

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(((OTHERS)))

CL/P of bronchiectasis (OCT 2012)

5 Complications of bronchiactasis (Kasr 2012)

5 complication of COPD (Kasr 2012)

Management of Acute respiratory failure (OCT 2012)

1- C/P : acute hypoxia / acute hypercapnea

2- inv

- a) specific pulm fun test

- * ventilation test ==> obstructive or restrictive pattern (according to the cause)
- * perfusion test ==> may be impaired
- * diffusion test ==> may be impaired

b) general pulm fun test (ABG / PH / pulse oximeter) ==> pattern of acute type 1 or 2
 c) Inv of the cause

3- TTT

- a) ICU & monitoring
- b) ABC (ETT / remove FB / elimination of secretion / mech vent)
- c) ttt of the cause eg pneumothorax : under water seal
- d) ttt of comp : eg pulm infection & acidosis

CL/P of chronic respiratory failure (Kasr 2005)
 5 causes of pulmonary hypertension (Kasr 2008-07)
 Risk factors of Bronchogenic Carcinoma (OCT 2011)
 CL/P of Bronchogenic carcinoma (OCT 2012)

causes of acute resp failure (hwary)

(A) ACUTE TYPE 1 RF (diffusion or perfusion problem)

- 1- pulm . embolism
- 2- pneumonia
- 3- pulm edema (cardiogenic / non cardiogenic (ARDS))

(B) ACUTE TYPE 2 RF (ventilation problem)

a) obstructive hypoventilation

1- (((upper resp tr obst)))
 eg : FB / laryngeal spasm / laryngeal edema)

2- (((lower resp tr obst)))
 eg: acute bronchitis / status asthmaticus)

b) restrictive hypoventilation

1- (((decreased compliance of)))
 lung : --
 pleura : tension pneumothorax rapidly accum effusion)
 chest wall : --

2-(((neuro muscular apparatus disorder)))
 CNS : head injury / stroke / tumors
 AHC : poliomyelitis / transverse myelitis / MND
 PN : Guillain Barre / diphtheria
 NMJ : myasthenia crisis
 M : ---

causes of chronic resp failure (hwary)

(A) CHRONIC TYPE 1 RF (diffusion or perfusion problem)

- 1- ILD
- 2- emphysema
- 3- pulm A.V. shunt

(B) CHRONIC TYPE 2 RF (ventilation problem)

a) obstructive hypoventilation

1 (((upper resp tr obst))) ==> no

2 (((lower resp tr obst)))
eg : COPD / bronchial asthma

b) restrictive hypoventilation

1- (((decreased compliance of)))

lung : ILD

pleura : massive effusion

chest wall : deformity / scleroderma

2-(((neuro muscular apparatus disorder)))

CNS : --

AHC :--

PN : --

NMJ : myasthenia graves

M : myopathy